



Microenterprise Program Fall 2021

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

**** Applicant must be a resident of the City of Auburn, and must remain so for the duration of the program and the monitoring period. ****

Business Information

Business Name: _____ Address: _____

Website: _____ Social Media: _____

Status of Business

Start-up Date:	DBA:
Projected Start Date:	LLC:
Future Purchase Date:	EIN:
MWBE certified? Y N SDVOB certified? Y N	DUNS:

How did you hear about the Microenterprise Program? _____

Does your business have a (Circle all that apply):

Lawyer Bookkeeper Bank Accountant Mentor Insurance Agent

Are you expanding or relocating your business? _____Yes _____No

Do you plan to rehabilitate a business façade or storefront? _____Yes (how many? _____) _____No

Service Area (Please circle all that apply): City of Auburn / Cayuga County / New York State / Beyond New York

Type of Business

- Food & Beverage Est/Provider Retail Hospitality Entertainment/Rec Wholesale
 Business Services Consumer Services Personal Care Services Consulting
 Manufacturing Construction Transportation Other

Please give a brief description of your business:

What would you use the grant funds for?

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Owner Demographic Information

HOUSEHOLD INFORMATION AT TIME OF APPLICATION

(Please circle the appropriate letter for each category)

- Ethnicity:** (a) Hispanic or Latino (b) Not Hispanic or Latino
- Race:** (a) White (f) American Indian / Alaskan Native and White
 (b) Black/African American (g) Asian and White
 (c) Asian (h) Black/African American and White
 (d) American Indian or Alaskan Native (i) Amer. Indian/Alaskan Native and Black/Afr. Amer.
 (e) Native Hawaiian/Other Pacific Islander (j) Other Multi-racial

Is your family a single-female headed household? Yes _____ or No _____

Please provide information about your family size and household income. In the box that matches your family's household size, put an "X" next to the gross household income	
Household size: 1 Person Household income: ___ Less than \$15,700 ___ Between \$15,700 and 26,150 ___ Between \$26,150 and \$41,800 ___ More than \$41,800	Household size: 5 People Household income: ___ Less than \$24,200 ___ Between \$24,200 and 40,300 ___ Between \$40,300 and 64,500 ___ More than \$64,500
Household size: 2 People Household income: ___ Less than \$17,950 ___ Between \$17,950 and 29,850 ___ Between \$29,850 and 47,800 ___ More than \$47,800	Household size: 6 People Household income: ___ Less than \$26,000 ___ Between \$26,000 and 43,300 ___ Between \$43,300 and 69,300 ___ More than \$69,300
Household size: 3 People Household income: ___ Less than \$20,200 ___ Between \$20,200 and 33,600 ___ Between \$33,600 and 53,750 ___ More than \$53,750	Household size: 7 People Household income: ___ Less than \$27,800 ___ Between \$27,800 and 46,300 ___ Between \$46,300 and 74,050 ___ More than \$74,050
Household size: 4 People Household income: ___ Less than \$22,400 ___ Between \$22,400 and 37,300 ___ Between \$37,300 and 59,700 ___ More than \$59,700	Household size: 8 People Household income: ___ Less than \$29,600 ___ Between \$29,600 and 49,250 ___ Between \$49,250 and 78,850 ___ More than \$78,850

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to participation in the Microenterprise Program, I understand that false or misleading information in my application or during the program may result in my release from the program.

Signature: _____ Date: _____